

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

662253

CLAIMS

| AS FILED     | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |      |
|--------------|------------------------|------|------------------------|------|
|              | IND.                   | DEP. | IND.                   | DEP. |
| 1            |                        |      |                        |      |
| 2            |                        |      |                        |      |
| 3            |                        |      |                        |      |
| 4            |                        |      |                        |      |
| 5            |                        |      |                        |      |
| 6            |                        |      |                        |      |
| 7            |                        |      |                        |      |
| 8            |                        |      |                        |      |
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| 10           |                        |      |                        |      |
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| 12           |                        |      |                        |      |
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| 47           |                        |      |                        |      |
| 48           |                        |      |                        |      |
| 49           |                        |      |                        |      |
| 50           |                        |      |                        |      |
| TOTAL IND.   | 2                      |      |                        |      |
| TOTAL DEP.   | 21                     | ↓    | ↓                      | ↓    |
| TOTAL CLAIMS | 23                     |      |                        |      |

|              |      |      |      |      |
|--------------|------|------|------|------|
| *            |      | *    |      | *    |
| IND.         | DEP. | IND. | DEP. | IND. |
| 51           |      |      |      |      |
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| 97           |      |      |      |      |
| 98           |      |      |      |      |
| 99           |      |      |      |      |
| 100          |      |      |      |      |
| TOTAL IND.   |      |      |      |      |
| TOTAL DEP.   |      | ↓    | ↓    | ↓    |
| TOTAL CLAIMS |      |      |      |      |